

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 11/24/2003		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 11/24/2003						
		FINANCIAL PAYER: NCDMH						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8931	380	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	328	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	609	1229	11565	10336
		8935	165	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404902	BLUE RIDGE COMM UNITY	191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		0	0		0	1	118	117
3404905	TREND COMM MENT AL HLTH CTR	11	213	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		24	1	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	0	215	283	68
		21	1	DUPLICATE OF CLAIM-SYSTEM				
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	314	314
3404910	PATHWAYS	8599	195	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	188	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	306	677	17778	17101
		191	73	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404912	CATAWBA COUNTYM ENTAL HEALT	11	117	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	40	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	26	205	850	645
		143	21	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404913	MECKLENBURG COM ENTAL HEALT	8599	1205	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	345	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	393	1891	6027	4136
		8505	90	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				

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PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404916	CROSSROADS BEHA VIOAL HEAL	8599	29	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	12	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	41	564	523
3404917	CENTERPOINT HUM AN SERVICES	11	613	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	347	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	176	1342	3347	2005
		8935	120	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404918	ROCKINGHAM CO M ENTAL HEALT	11	119	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	29	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	15	181	1067	886
		8935	10	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404919	GUILFORD CO MEN TAL HEALTHC	8599	352	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	47	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	106	595	4773	4177
		8935	39	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404920	ALAMANCE CASWEL L AREA MH D	8505	3501	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	149	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	80	3830	7440	3610
		8933	61	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404921	ORANGE PERSON C HATHAM AREA	5312	459	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		11	251	CLIENT NOT ELIGIBLE ON SERVICE DATE	25	1014	3626	2612
		8599	87	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	21	2022	DUPLICATE OF CLAIM-SYSTEM				
		11	208	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	2230	3740	1510

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PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404923	VGFW AREA AUTHO RITY	11	232	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	46	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	333	1752	1419
		21	45	DUPLICATE OF CLAIM-SYSTEM				
3404924	PIEDMONT AREA M H/DD/SAS	8525	94	CLAIM DENIED, REFERRING PROVID ER MUST BE AN LMA.				
		191	3	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	97	97	0
3404925	SANDHILLS CENTE R FOR MH/DD	8505	5514	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	676	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	152	6634	8646	2012
		8599	161	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	174	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		23	116	SERVICE REQUIRES PRIOR APPROVA L	149	783	6464	5681
		21	89	DUPLICATE OF CLAIM-SYSTEM				
3404927	CUMBERLAND CO M HC	8599	265	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	44	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	51	507	4957	4450
		8518	38	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404929	LEE HARNETT MH/ DD/SAS	11	82	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	24	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	9	142	426	284
		120	10	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		0	0		0	1	201	200

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404931	WAKE CO HUM SVC BILLING OF	8505	1235	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	783	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	384	2854	17065	14211
		120	186	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404932	RANDOLPH/SANDHI LLS CO MH C	8931	40	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	60	209	937	728
		120	33	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	322	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8931	38	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	59	571	2256	1685
		8000	31	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404934	ONslow COUNTY B EHAVIORAL H	11	68	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8625	27	SIX OCCURRENCES OF ASAO SERVIC ES HAVE PROCESSED AND PAID, PA IS REQUIRED FOR ADDITIONAL SER	1	176	924	720
		8599	27	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8000	31	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		8931	23	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	36	93	1210	1117
		8932	13	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH MNTIL HLTH C	8000	526	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		8599	359	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	201	1257	3921	2664
		8935	147	ASTNC INELIGIBLE TO RECEIVE SE				

				RVICES IN IPRS.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404938	HALIFAX COUNTY MENTAL HEALTH	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	21	230	DUPLICATE OF CLAIM-SYSTEM				
		8599	102	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	47	584	1724	1140
		8000	91	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404941	PITT CO MH/DD/S AS CENTER	120	169	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		21	35	DUPLICATE OF CLAIM-SYSTEM	0	213	278	65
		143	3	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	205	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		10	101	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	19	474	2617	2143
		11	80	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404943	ALBEMARLE MENTA L HEALTH CE	8931	30	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	27	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	34	94	338	244
		21	20	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA N SERVICES	8931	76	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	64	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	142	313	4120	3805
		21	48	DUPLICATE OF CLAIM-SYSTEM				
3404946	FOOTHILLS AREAM ENTAL HEALT	143	536	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		8931	204	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	231	1536	10790	9254
		8599	184	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				

				BENEFIT PACKAGE.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404957	TIDELAND MENTAL	8599	109	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	66	CLIENT NOT ELIGIBLE ON SERVICE	131	359	4274	3915
				DATE				
		8935	59	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404959	DAVIDSON CO MEN	8524	48	CLAIM DENIED, PROVIDER MUST BE				
	TAL HLTH CT			DESIGNATED AS A BILLING				
				PROVIDER.				
		191	1	CLIENT ID NUMBER DOES NOT MATC	0	49	49	0
				H PATIENT NAME				
3404979	NEW RIVER AREAM	8599	437	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SA PRO			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	208	AMTNC INELIGIBLE TO RECEIVE SE	269	952	14888	13936
				RVICES IN IPRS.				
		191	66	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				